

Army Community Service (ACS) Operation Happy Holidays (OHH) Nomination Form (Unit)							
Assigned Fort Detrick Military Personnel and Families Only!				STAFF USE ONLY - Family Code:			
POLICY: OHH assistance will not be approved if you have applied and/or qualified for similar assistance from another agency or organization. The OHH program is designed to supplement the basic and typical holiday needs of a family in current financial distress and unable to fulfill these needs themselves. OHH is designed primarily for children and limits the assistance to children from birth to age sixteen. Exceptions to policy may be made for disabled family members outside this age range or other special circumstances and an explanation of the situation is required in the comment section below. If more space is required, use an additional sheet of paper and attach to the application. For more information call the ACS Outreach Program Manager at 301-619-3787.							
General Family Information:							
Name:		Address (Street):					
Grade/Rank:		Address (City, State, Zip):					
Unit/Org		Email:					
Phone (Home):		Phone (Work):					
PRIVACY DISCLAIMER: Information provided is considered confidential and for Command and ACS Staff use to determine eligibility for OHH assistance. Furnishing requested information is voluntary but failure to do so may result in disapproval or inability to complete the request due to lack of information. Only the "Family Member Information" section below will be provided to corresponding sponsor in order to fulfill requests.							
Demographic Family Information:							
Yes		No		Yes		No	
Single Parent?				Spouse Employed Full Time?			
Married?				Spouse Employed Part-Time?			
Separated?				Spouse Unemployed?			
Live Off Post?				Disabled Family Member?			
Total Members in Household:				Total Children in Household:		Nbr of Children Not Residing With You:	
Special Circumstances, Unique Situation, or Comments (Required):							
Received OHH assistance before?				If so, how many times?			
Applicant Agreement and Command Approval:							
The above named individual requests to have his or her name placed in nomination for the OHH Program and hereby states that all information provided is true to the best of their knowledge. This family will not be receiving assistance from any other similar community agency or organization. The individual agrees to make arrangements to pick up their OHH items on the designated date and time as specified by the OHH staff.							
Dated:				Signed:			
Commander Name:				Reviewed:		Approved:	
Dated:				Signed:			
OHH or Command Staff - Cut Below This Line							
Family Member Information							
*Ethnic Preference:				STAFF USE ONLY - Family Code:			
*Voluntary and only if you have a preference for ethnic gifts or clothing, i.e., an Asian or African American Barbie Doll. Please circle all items.							
For privacy concerns, other than ethnic option above, do not list names or other identifying information in this section other than what is requested.							
Clothing: (Please print legibly!)							
Age	Sex	Shirt / Blouse	Pant / Slacks	Dress	Jacket	Shoes	Other (Item/Size)
Toys or Special Requests: (Please print legibly!)							
Age	Sex	Items Requested:					
Please keep in mind that OHH is designed to supplement, not fulfill, your holiday season needs. OHH staff solicit sponsors from the community for each family and they raise funds to purchase items for qualified families. As a matter of fairness to all families and sponsors, items like X-Boxes and other major expense items are not implied or to be expected as part of the OHH program.							
APPLY ONLINE AT: http://www.detrack.army.mil/wellbeing/familyReadiness/acs/ohh01.cfm							